

*St. Johns County School District
2019-2020*

Verification Form for BEESS Portal Independent Study Online Learning

PARAPROFESSIONALS

Name: _____ Employee #: _____

Signature: _____

School/Facility: _____ Date: _____

Form due to Your Work Site PD Contact or Carlyn Whitty Upon Completion

The Work Site PD Contact is usually the ILC, but you may also submit this to your Executive Secretary.

DeafEd Express- 6 Inservice Credits (Credits for this course count towards SWD certification renewal requirements)

I acknowledge that I have completed this course and I have been awarded the Certificate of Completion:
(please initial and date)

Initial: _____ Date: _____ Link to BEESS Portal Courses found at: <https://fl-pda.org>

Inclusive Practices for the Developmentally Appropriate Pre-K classroom- 10 Inservice Credits (Credits for this course count towards SWD certification renewal requirements)

I acknowledge that I have completed this course and I have been awarded the Certificate of Completion:
(please initial and date)

Initial: _____ Date: _____ Link to BEESS Portal Courses found at: <https://fl-pda.org>

Paraprofessionals Supporting Students with Disabilities- 1 Inservice Credit

I acknowledge that I have completed this course and I have been awarded the Certificate of Completion:
(please initial and date)

Initial: _____ Date: _____ Link to BEESS Portal Courses found at: <https://fl-pda.org>

Positive Behavior Intervention Support- 20 Inservice Credits

I acknowledge that I have completed this course and I have been awarded the Certificate of Completion:
(please initial and date)

Initial: _____ Date: _____ Link to BEESS Portal Courses found at: <https://fl-pda.org>

Secondary Transition- 12 Inservice Credits

I acknowledge that I have completed this course and I have been awarded the Certificate of Completion:
(please initial and date)

Initial: _____ Date: _____ Link to BEESS Portal Courses found at: <https://fl-pda.org>

Strategies to Support Pre-K Activities and Routines- 10 Inservice Credits

I acknowledge that I have completed this course and I have been awarded the Certificate of Completion:
(please initial and date)

Initial: _____ Date: _____ Link to BEESS Portal Courses found at: <https://fl-pda.org>

Student Services for Inclusive Schools- 20 Inservice Credits

I acknowledge that I have completed this course and I have been awarded the Certificate of Completion:
(please initial and date)

Initial: _____ Date: _____ Link to BEESS Portal Courses found at: <https://fl-pda.org>

Multi-Tiered System of Support: An Introduction- 6 Inservice Credits

I acknowledge that I have completed this course and I have been awarded the Certificate of Completion:
(please initial and date)

Initial: _____ Date: _____ Link to BEESS Portal Courses found at: <https://fl-pda.org>

Job Development- 1 Inservice Credit

I acknowledge that I have completed this course and I have been awarded the Certificate of Completion:
(please initial and date)

Initial: _____ Date: _____ Link to BEESS Portal Courses found at: <https://fl-pda.org>

Graduation Requirements- 1 Inservice Credit

I acknowledge that I have completed this course and I have been awarded the Certificate of Completion:
(please initial and date)

Initial: _____ Date: _____ Link to BEESS Portal Courses found at: <https://fl-pda.org>